

Tips to Informal Caregivers on Giving Personal Care

Ostomy Care

A surgical opening in the skin following the removal of part of the large intestine (colon) is called a colostomy. The removal of all of the colon is called an ileostomy. The removal of the urinary bladder is called a urinary bypass or ureterostomy.

The care of the ostomy depends on where the surgery occurs. The further down the colon it is, the more closely the bowel contents will resemble the normal bowel movements before surgery. The higher up the bowel the more fluid the bowel contents will be.

Persons who have had any of the surgical procedures creating an ostomy will be using a bag or device for collecting body waste. There are various types of ostomy bags. The individual will use the type of bag best suited to his needs and lifestyle.

The types of bag, include:

- a disposable, temporary bag with an end opening to discard contents;
- a one-piece bag with an attached piece of adhesive around the opening of the stoma;
- a one-piece bag, with an attached mounting piece which is supported by a lightweight belt and requires no adhesive.

The person with an ostomy is usually taught to care for it before leaving the hospital. If a caregiver is to provide ostomy care, he should be taught the procedure by an ostomy registered nurse.

The informal caregiver may be asked to help the person clean the skin or to dispose of the contents of the bag. Some points to remember are:

A bag with an end opening can be rinsed out with an aseptic syringe and does not need to be changed as often.

Persons will need two bags, so one airs out while the other is worn.

Some people with colostomies have good bowel regulation and prefer to wear only a gauze dressing over the stoma.

Clean and dry skin around the stoma and cover it with a 4" X 4" dressing held in place by tape.

Men may wear an elastic supporter or a homemade muslin binder to keep the dressing in place.

The ileostomy bag requires a tight fit because of liquid bowel contents and constant drainage. The appliance or bag must be emptied every 3 to 4 hours and changed every 5 to 7 days.

Skin condition around the ostomy must be frequently assessed.

Before skin problems become acute, seek medical intervention. The diet needs careful consideration. Experiment with foods, particularly those that are gas-forming, such as nuts, beans, onions, melons, vegetables of the cabbage family, sugar and sweets. Gas escaping from the ostomy cannot be controlled, since there are no muscles present to close the opening. The tight-fitting rubber or plastic bag helps control odors, but the dressing offers no odor protection.

Foods such as nuts, raisins, or prunes which cause diarrhea should be avoided. Prevention of diarrhea is even more important for the person with an ileostomy because of the loss of important electrolytes. A person with an ileostomy should never eat coconut, as it tends to ball up and cause an obstruction. Remind the person to chew food well. After approximately six weeks, the person will be able to determine the foods he can tolerate.

Contact your doctor or home health nurse if the person has diarrhea. The person should not irrigate the ostomy when diarrhea is present. The person who has a colostomy should never take a laxative.

The emotional reaction to the loss of bowel control requires a great deal of support and understanding. It is important to be a good listener. Another person who has

successfully adjusted to his colostomy often provides great assistance in demonstrating how well one can manage. Local contacts may be made through the American Cancer Society or the United Ostomy Association. Part of the grief process felt by the person over the loss of a body part might have occurred before leaving the hospital. It is important to help him express his emotions, as he still may not accept the surgery and feel repulsed by the stoma. Try to help him feel as calm as possible. Help him understand that adverse emotions affect the bowel motion and the regulation of the bowel. The informal caregiver must be very careful to show no distasteful reaction to the stoma. The person needs to feel accepted by those around him, particularly those caring for him.

The above statements are not intended to diagnose, treat, cure or prevent any disease. You should always consult with your physician about any health and lifestyle concerns or issues you may have.